

CALIFORNIA
Department of Health Services
Office of AIDS
HIV Education and Prevention Services Branch

Request for Applications
Number 2007-09
Statewide HIV/AIDS/STD Education and Prevention Programs

Original Release Date: January 16, 2007

ADDENDUM
February 5, 2007

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Schedule of Events

<u>Event</u>	<u>Date</u>
Request for Applications Release	January 16, 2007
Applicant's Teleconference Calls (Optional) January 29, 2007 from 11:00 a.m. to 12:00 p.m. (PST) January 30, 2007 from 1:00 p.m. to 2:00 p.m. (PST) January 31, 2007 from 9:00 a.m. to 10:00 a.m. (PST)	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <u>CALL-IN INFORMATION</u> Participants call into 1-866-709-4295 Participant Passcode: 1301447 </div>	
Answers to Teleconference Call questions posted on Office of AIDS website at www.dhs.ca.gov/AIDS	February 5, 2007
Deadline of Submitting Letter of Intent (Mandatory) <i><u>To be delivered by express mail only</u></i> <i>Hand delivery, USPS, facsimile and e-mail not accepted</i>	February 9, 2007
Application Submission Deadline <i><u>To be delivered by express mail only</u></i> <i>Hand delivery, USPS, facsimile and e-mail not accepted</i>	February 22, 2007
Pre-Decisional Site Visits (optional)	March 1, 2007
Release of Notice of Intent to Award posted on Office of AIDS website at www.dhs.ca.gov/AIDS	March 9, 2007
Appeal Deadline <i><u>To be delivered by express mail only</u></i> <i>Hand delivery, USPS, facsimile and e-mail not accepted</i>	March 24, 2007
Contract Start Date	July 1, 2007

**California Department of Health Services
Office of AIDS
HIV Education and Prevention Services Branch
Request for Applications Number 2007-09
Statewide HIV/AIDS/STD Education and Prevention Programs**

The California Department of Health Services (CDHS), Office of AIDS (OA) is the lead state agency in the effort to prevent and control human immunodeficiency virus (HIV) disease/acquired immunodeficiency syndrome (AIDS) in California. The mission of CDHS/OA is to assess, prevent, and interrupt the transmission of HIV and provide for the needs of infected Californians.

The CDHS/OA, HIV Education and Prevention Services Branch provides funding for HIV/AIDS prevention services throughout the state. Additionally, CDHS/OA provides on-going technical assistance (TA) to build stronger infrastructures.

This Request for Applications (RFA) seeks applications for two distinct HIV/AIDS education and prevention programs: (1) Peer-Based HIV Prevention among Injection Drug Users and Satellite Syringe Exchangers in California; and, (2) Center of Excellence for Transgender HIV Prevention. Please refer to the Program Category sections of this RFA for detailed descriptions of each program and what is requested in the RFA. All program awards will be based on a competitive review process.

I. Program #1: Peer-Based HIV Prevention among Injection Drug Users and Satellite Syringe Exchangers in California

1. Introduction

CDHS/OA is soliciting applications from qualified local health jurisdictions (LHJs) and community based organizations (CBOs) that are interested in implementing and evaluating peer-based prevention programs among injection drug users (IDUs) and satellite syringe exchangers (SSEs), using approaches that have proven effective in the past. This is the second cycle of the funding with the same title that supported programs in California between 2004 and 2007, and is open to LHJs and CBOs regardless of their previous funding status. During the first cycle, contractors implemented interventions that involved syringe exchange programs (SEPs), SSEs, and peer-based prevention to decrease injection-related and sexual-risk behaviors associated with HIV transmission among IDUs. In this cycle, the funded programs will reflect and build upon the understanding of programmatic efficacy developed during the first cycle, and will conduct both process and outcome evaluations to identify specific components and characteristics of a successful program. LHJs are strongly encouraged to collaborate with CBOs that have a track record of effectively working with IDUs.

2. Purpose of RFA

This RFA invites applications that intend to address the HIV and hepatitis prevention needs among IDUs and SSEs in California. It is believed that peer-based targeted prevention and education programs, which work closely and regularly with SSEs and IDUs, will effectively enhance targeted prevention activities in the state. Specifically, applicants are expected to: 1) design and implement a program utilizing SSEs as peer educators for their IDU counterparts; 2) collect data from SSE and IDU program participants for evaluation purposes; and, 3) document SSEs' activities and their effectiveness in reducing risk behaviors among IDUs who received syringes from SSEs and submit a report to the California Department of Public Health (CDPH)/OA, which CDHS/OA will become effective July 1, 2007, in the final year. This report will inform CDPH/OA in developing a guidebook that will be made available to service providers throughout the state. This RFA provides background information, suggestions for potential intervention components, and applicant requirements.

TA will be provided to all funded programs by CDPH/OA staff with expertise in working with IDUs and SSEs. Periodic TA meetings and site visits will be organized and facilitated by CDPH/OA thereafter in order to coordinate intervention implementation and evaluation efforts across all sites. In addition, CDPH/OA staff will provide ongoing guidance and support on an as needed basis. With this in mind, applicants are asked to provide a description of work and deliverables that you deem appropriate and achievable for your service area. Creativity and innovation are encouraged.

3. Contract Terms and Funding

Up to five programs will be funded in California and average awards will be approximately \$100,000 per site, per year for three years beginning July 1, 2007. Subject to the availability of funds, these funds will be awarded for fiscal year (FY) 2007/2008, FY 2008/2009, and FY 2009/2010.

California CBOs and LHJs with existing SEPs that are authorized by local government are eligible to apply for funds.

4. Program Category Requirements

The following sections (A through D) describe the Program Requirements of the RFA. In the “Program Description” section of the application the applicant must state a plan to carry out the **Program Requirements as described in this section.**

Background

IDUs continue to be at high risk of HIV/AIDS and hepatitis infection in California with the sharing of contaminated syringes and other injection equipment that is consistently linked to one-fifth of all reported AIDS cases in the State¹. Additionally, many IDUs, particularly women, engage in very high risk sexual activities, such as survival sex and sex for drugs and money, usually with partners who are IDUs themselves². These behaviors among IDUs can combine to multiplicative HIV and hepatitis risk levels that demand targeted prevention efforts focusing on a compendium of injection and sexually-related risk factors and behaviors.

SEPs play a crucial role in preventing injection-related viral transmission among IDUs³ and can be an effective outpost for other harm reduction and referral information⁴. However, limited hours of operation, geographical constraints, and possible fears of stigmatization, harassment, or arrest often make it difficult for SEPs to reach all IDUs⁵. Studies have shown that many IDUs who do not visit SEP sites are nonetheless receiving services through networks of SSEs, that is, IDUs who collect used syringes from their peers, exchange them for clean syringes at SEP sites, and deliver clean syringes back to their peers⁶. And, while these SSEs have been shown to successfully reach large numbers of IDUs with harm reduction materials, some studies have indicated that their own risk for HIV is often compounded due to the increased risk of

¹ California Department of Health Services, Office of AIDS. 2006 AIDS Case Statistics. Available at: <http://www.dhs.ca.gov/AIDS/Statistics/AIDScase2006.htm>.

² Bogart, Laura M., Kral, Alex H., et al. (2005). Sexual Risk Among Injection Drug Users recruited From Syringe Exchange Programs in California. *Sexually Transmitted Diseases*, 32(1):27-34.

³ Strathdee, S.A., Patrick, D.M., Currie, S.L., et al. (1997). Needle exchange is not enough: Lessons from the Vancouver injecting drug use study. *AIDS* 11: F59-65.

⁴ Heinzerling, K.G., Kral, A.H., et al. (2004). Utilization of Preventative Health Services among Injection Drug Users: The Role of Syringe Exchange Programs. *In process*.

⁵ Lurie, P., Reingold, A.L., Bowser, B., et al. (1993). *The public health impact of needle exchange programs in the United States and abroad*, vol. 1. San Francisco: University of California, 1993.

⁶ Valente, T.W., Foreman, R.K., Junge, B., Vlahov, D. (1998). Satellite exchange in the Baltimore Needle Exchange Program. *Public Health Reports* 113(Suppl. 1), 90-96.

accidental needle sticks as a result of the high volume of syringes that they often handle⁷.

In recognition of the importance of SSEs in HIV and hepatitis C virus (HCV) prevention among IDUs as well as their inherent and on-the-job risks, CDHS/OA initiated the first cycle of funding for *Peer-Based HIV Prevention among Injection Drug Users and Satellite Syringe Exchangers in California* in 2004 with two primary objectives: 1) to extend the viral prevention services of existing SEPs to a broader community of IDUs, and; 2) to decrease potentially risky behaviors among SSEs while they reach out to IDUs during prevention efforts.

Preliminary results from this first cycle of funding indicate that SSEs were able to successfully extend HIV prevention materials and messages to large numbers of their injecting peers and are able to reach pockets of transmission risk that might not otherwise be reached. Peer education, social networks and prevention with positives are some models successfully employed to propagate HIV prevention and testing messages.

In light of these promising results, CDHS/OA wishes to gain a better understanding of SSEs and their high risk social networks, including key characteristics of successful SSEs and strategic implementation and utilization of SSEs that enhances harm reduction behaviors among IDUs in a specific local context. By examining the dynamics around SEPs, the community, and the broader political environment, it is hoped that CDPH/OA will be able to address ways to improve the efficacy of programs utilizing SSEs and, in doing so, formalize the role of SSEs and their contribution to the overall mission of reaching all those at highest risk for HIV.

Program Requirements

A. Program Activities

It is expected that funded programs will design and implement a local comprehensive prevention model for IDUs consistent with the goals of:

- Increasing access to accurate HIV and HCV prevention information;
- Increasing access to clean injection equipment;
- Increasing access to HIV and HCV counseling and testing (C&T);
- Increasing access to HIV and HCV referrals; and,
- Reducing risk behaviors among IDUs, including those behaviors specific to SSEs.

This model will utilize existing social networks by engaging SSEs as peer-based prevention educators for their syringe recipients and will include both mandated and optional support services.

⁷ Lorvick, J., Bluthenthal, R.N., Scott, A., et al. (2006). Secondary syringe exchange among users of 23 California syringe exchange programs. *Subst Use Misuse* 41(6-7): 865-82.

Mandated services are described below. The impact of these mandated activities may be enhanced by providing additional services addressing a broad spectrum of challenges that may contribute to an increased risk of HIV exposure. These challenges may include counseling and workshops on such topics as substance use, resources for homeless individuals, hepatitis vaccination, medication adherence, etc., as well as additional testing for tuberculosis (TB), sexually transmitted diseases (STDs) or other chronic diseases, such as diabetes. Additional services supporting targeted sub-populations are also strongly encouraged. Such services may include family-inclusive services for women, Spanish language services for Latinos, or youth-oriented incentives. Innovation and creativity is strongly encouraged.

A Best Practices Manual compiled by CDPH/OA in concert with previous grantees and incorporating effective strategies and recommendations will be made available to funded programs for implementation and progress guidance.

Mandated activities are as follows:

1. HIV/HCV Counseling and Testing

HIV and HCV C&T should be a core component of the proposal. Prevention staff involved in the project who are trained HIV counselors may conduct the HIV C&T. Otherwise, it is expected that a rapport with local HIV C&T coordinators and staff exists in order to facilitate regular referrals and testing of IDUs reached through the project. Staff are also expected to refer participants to HCV C&T locales. Applicant must demonstrate existing strong partnerships with HIV/HCV C&T sites.

2. Harm Reduction Education

Education on HIV/AIDS prevention must be provided to the target populations where the client can discuss behaviors that present a risk for acquiring and transmitting HIV infection. Proposed interventions should include activities that encourage safe behaviors among SSEs and IDUs as well as peer educator training for SSEs that facilitates their health education and prevention efforts with the injecting community. Required topics, materials and trainings are listed below. Sample trainings modules and educational materials will be made available to funded programs by CDPH/OA. However, tailoring materials for local needs will be encouraged.

Required educational topics (for all IDUs):

- HIV and HCV;
- Safe injection practices;
- Safer sex strategies;
- Overdose prevention;

- Wound care; and,
- Harm reduction approaches.

Additional educational topics required for SSE training:

- Effective communication with peers;
- Providing referrals;
- Avoiding accidental needlesticks;
- Safe handling and disposal of syringes (especially large quantities);
- How to work with law enforcement; and,
- SSE Project Requirements (recording activities, checking in with project staff, etc.).

Required materials for distribution by SSEs:

- Sterile syringes (See Section 4-Required Content of Application, J-Budget for funding restrictions);
- Bleach;
- Condoms;
- Educational materials; and,
- Referral Information.

3. SSE Support Services

Repeat contacts with SSEs for materials and follow-up on training modules affords the opportunity for more intense social, behavioral and medical counseling. It is expected that mechanisms be in place that foster risk reduction practices among SSEs across multiple contact sessions.

4. Effective Referrals

For needs outside the scope of the proposed program, program staff are required to provide IDUs and SSEs with referrals to medical and social services as needed. Potential referral locales should include, but are not limited to: drug treatment programs, mental health programs, health clinics, shelters, and food banks.

B. Evaluation and Data Collection

Project evaluation will be an important component throughout the duration of this project. Adequate evaluation will monitor program progress and determine whether it is effective in reaching stated goals.

It is essential that each applicant integrate a program evaluation plan into their application that reflects local staff capabilities while addressing local contextual issues that may influence program implementation and evaluation. Once projects are funded, CDPH/OA staff will coordinate an overall evaluation effort.

Specific evaluation guidelines and support will be given, integrating suggested evaluation approaches from the five awardees sites with needs identified from previous SSE program evaluation efforts.

At a minimum, it is expected that each site will be able to document and evaluate the following over the course of the project:

1. SSE and recipient IDU demographic and behavioral characteristics;
2. Monitoring of SSE recruitment and training;
3. Materials distributed by SSEs;
4. Materials received by IDUs;
5. Number of IDUs reached by each SSE;
6. SSE-IDU relationships;
7. Details of SSEs work (e.g., geographic coverage, influence on IDUs, peer education approaches);
8. Type, quantity and quality of SSE-IDU peer education interactions;
9. HIV risk behaviors of SSEs and IDUs across project duration;
10. Type and quantity of IDU referrals made; and,
11. Challenges to successful SSE work.

C. Progress/Final Reports

The contractor shall submit a semi-annual progress report that will contain measures outlined in the evaluation plan. In addition, the progress report will include information on SSEs training and monitoring. At the end of each FY a report will be submitted that will include cumulative data for the year. A template for the progress report will be provided by CDPH/OA.

At the conclusion of the funding period, a final report will be submitted that will summarize program accomplishments as outlined in the evaluation plan.

D. Meetings

The contractor shall meet a minimum of two times a year (semi-annually) with CDPH/OA program staff to discuss progress and additionally on an as-needed basis.

5. **Agency Capability**

The applicant must describe the organization's qualifications to undertake the proposed work. Please address the following:

A. Collaboration

Provide your agency's experience with networking and establishing collaborative partnerships with other service providers. Describe how you will collaborate and

develop a linked network of services with other organizations such as CBOs, medical and public health programs (e.g., abscess/wound care clinics, STD clinics, hepatitis vaccination, etc.), drug treatment programs, mental health programs, housing shelters, food pantries and other appropriate service groups or organizations in the development and implementation of your program. State whether IDUs and SSEs will be referred out for additional services or whether staff from other agencies will provide services on-site. Where collaborators are deemed essential to the project, letters of support and/or memoranda of understanding should be included.

B. Staff Training

Describe local training activities (e.g., outreach techniques, safe injection practices, HIV prevention, HCV prevention, referrals provision, etc.) that your LHJ and/or subcontractors can provide to staff and clients (IDUs and SSEs) in the proposed project.

C. Anticipated Challenges

Some common challenges have been faced by SSE programs in the past. Describe how you plan to address each one of these issues.

1. Recruitment of SSE peer educators: Describe the process of identification and recruitment of SSE peer educators. Outline any anticipated challenges and resolutions that will be employed to address those challenges.
2. Retention of SSE peer educators: Any peer education model poses inherent challenges, especially for retention, and IDU SSEs are no exception. Most SSEs are active IDUs and often have the same challenges, such as drug use binges and incarceration. Specify any anticipated challenges and plans for addressing these challenges. Describe specific incentives for SSE retention and their limitations.
3. Community context: Describe the current local environment for needle exchange. Outline any potential challenges you or your SSEs might experience with county officials/law enforcement/public or other potential adversaries throughout the duration of the program. Describe in detail how you plan to address these challenges. Please include any relevant historical experiences.
4. Evaluation: Demonstrate the ability to collect, maintain, and analyze data for conducting evaluation of services. Provide evidence of personnel capacity as well as data management software to be used. Describe, if any, prior evaluations performed and how the data from that evaluation was utilized to enhance your program.

5. Service Delivery: Demonstrate the capacity of the agency's facilities to provide project services. Describe any proposed enhanced service delivery model and the agency's ability to carry out this model. This may include development of a novel 'team' of field workers, network of providers or streamlined delivery model (e.g., mobile HIV, HCV testing operated in tandem with mobile syringe exchange; on site health care; modified hours of operation; integration of SSE into existing services, etc.). Describe how the proposed program will be integrated with the agency's current activities. Provide examples of prior projects that demonstrate your organization's ability to provide deliverables on time and to manage fiscal resources responsibly.

II. Program #2: CENTER OF EXCELLENCE FOR TRANSGENDER HIV PREVENTION

1. Introduction

CDHS/OA is soliciting applications from qualified LHJs and CBOs interested in planning, developing, housing and operating a Center of Excellence for Transgender HIV Prevention Program (COE).

2. Purpose of RFA

The COE would draw on the programs that currently exist in California that provide HIV prevention services to Transgenders at risk for HIV. The COE would consolidate that expertise, knowledge and experience in order to inform policy development, train future leaders and prevention providers, and build capacity to implement programs providing state of the art HIV prevention services to Transgender individuals. The COE would also develop a research agenda that will lead the way in improving HIV prevention services for Transgenders in California and nationally.

3. Contract Terms and Funding

The term of the resulting contract will be from July 1, 2007 through June 30, 2010. All funding is contingent on the continuation of available state and federal HIV prevention funding. One contract will be awarded with maximum funding allocation for the COE Program to be \$300,000 annually. California public and private non-profit organizations are eligible to apply for these funds.

4. Program Category Requirements

The following sections (A through C) describe the Program Requirements of the RFA. In the "Program Description" section of the application the applicant must state a plan to carry out the **Program Requirements as described in this section.**

Background

In California, Transgender individuals, especially male-to-female, are at high risk for HIV infection. According to CDHS/OA HIV testing data, 6.3 percent of Transgenders receiving HIV tests are positive⁸. This is the highest prevalence of all specific risk groups among people testing for HIV at CDHS/OA-funded sites. While CDHS/OA's HIV/AIDS Case Registry shows a statewide HIV and AIDS prevalence of Transgenders to be one percent⁹, other studies have shown Transgender HIV prevalence to be

⁸ CDHS/OA HIV Counseling and Testing Data from calendar year 2003.

⁹ CDHS/OA AIDS Case Registry Data cumulative through March 2006.

extraordinarily high in California's urban centers of San Francisco (35%)¹⁰, Los Angeles (22%)¹¹, and San Diego (15%)¹². Throughout California there are innovative programs working to meet the HIV prevention needs of Transgender individuals. However, there is no statewide organization collecting, analyzing and disseminating this information in a way that would benefit those outside of the program service areas.

Although less well-documented, the Transgender community has two important concerns related to HIV prevention. First is the concern that Transgenders, especially male-to-female, are miscounted in behavioral risk groups. While Transgenders may self-identify when Transgender is an available option, their risk behavior is, more often than not, recorded as men who have sex with men. This can lead to an undercount of Transgenders and their unique HIV risks. The Transgender community is also concerned about recognition of how the economic barriers faced by Transgenders influences their HIV risk. Advocates for Transgendered persons consistently point out that if Transgenders, especially male-to-female, cannot obtain legal employment they are more likely to engage in commercial sex work, which increases the risk of acquisition and transmission of HIV. It is the intent of this RFA that the successful applicant will address these and other issues related to Transgender HIV prevention.

Program Requirements

A. Program Activities

The funded program will be contracted to develop, implement and house the COE Transgender HIV Prevention Program. The following activities must be completed during the three contract years.

Phase I – Information Gathering/Needs Assessment

The funded provider will be expected to produce the following documents during the first year of the contract and update them annually as necessary. The overarching goal of this phase is to consolidate, analyze and document the previous and ongoing research and programming that has been done in California to decrease Transgender HIV infection and transmission.

1. Compendium and analysis of Transgender HIV epidemiology studies, needs assessments and service gap analyses completed in California over the last ten years. It is expected that this will include an Epidemiology Profile and an analysis of the current limits of our understanding in providing Transgender HIV prevention services.

¹⁰ Clements, K., Katz, M., Marx, R. (1999) *The Transgender Community Health Project: Descriptive Results*. San Francisco Department of Public Health.

¹¹ Simon P, Reback C, & Bemis C. (2000) HIV prevalence and incidence among male-to-female transsexuals receiving HIV prevention services in Los Angeles County. *AIDS*, 14(18), 2953-2955.

¹² The San Diego County Transgender Assessment Report 2006.

2. Compendium and analysis of current California Transgender HIV prevention projects.
Information to include: Service area, number of clients served each year, budget, funders, number and type of staff, project description.
3. Compendium of best practices for Transgender HIV prevention.
4. Produce and update annually a literature review of all published materials related to Transgender HIV prevention.
5. Develop research agenda for Transgender HIV prevention in California.
6. Report on emerging issues in Transgender HIV prevention.
Topics to include: Gay-identified Transmen, Trans Youth, Immigration, Partner Interventions, Sex Work, Impact of Economic Barriers.
7. Establish and maintain a 12-member Community Advisory Board that represents the diverse Transgender population in California.

Phase II – Information Dissemination

Using the gathered knowledge, the funded program will develop a website and provide the information in an electronically accessible location as well as use the information to provide appropriate TA and training to LHJs, CBOs and others who provide Transgender HIV prevention services.

1. Interactive website is to be developed, marketed and maintained.
Website to include: Searchable, sortable database that includes California Transgender service providers and links if available; links to COE generated documents; links to primary source documents related to Transgender HIV prevention, reporting of web site utilization and characteristics of users. A plan to market the site as well as other publications should be included.
2. During years two and three of the contract, the funded provider will conduct a total of 50 TA and training activities. The goal of these activities will include raising the awareness of the needs of Transgenders with regard to HIV prevention and implementing the best practices identified during the information gathering phase. The activities can include but are not limited to formal trainings with developed or adapted curriculums; presentations to community groups, service providers and other stakeholders; assistance to agencies seeking to begin or expand Transgender HIV prevention services; and, organizations seeking to conduct research on issues related to Transgender HIV prevention. Of primary importance is the development of training materials and curriculum to provide medical standards of care for

Transgendered persons to physicians, nurses and social workers who are unfamiliar with the specific needs of this community.

Phase III – Program Sustainability

The COE is intended to be funded by CDPH/OA under its targeted initiative program for three years. During that time, the successful applicant is expected to seek and develop resources for continued sustainability beyond the initial three year period.

B. Evaluation

Phase I – The funded provider will document their creation of the requested materials including the source material. The funded provider will document the process of creating and implementing the 12-member Community Advisory Board.

Phase II – The funded provider will document the development of the interactive website including decisions about content. The funded providers will document their marketing efforts and the subsequent traffic to the site. This documentation should include utilization and characteristics of users such as age, race, community membership, provider, etc.

The funded provider will document each training or TA activity including participants, date, duration and a description of the activity.

C. Progress Reports

Successful applicants shall submit semi-annual progress reports that will contain the process and outcome measures outlined in the Evaluation Plan. A template for the Progress Report will be provided by CDPH/OA.

5. Agency Capability

The applicant must describe the organization's qualifications to undertake the proposed work in the "Agency Capability" section of the application. Qualified organizations will be able to:

- Demonstrate historical organizational commitment to Transgender equality and diversity;
- Demonstrate commitment to providing services to the Transgender community through program development, advocacy, research or direct services;
- Demonstrate cultural responsiveness to Transgender communities of color and youth;
- Demonstrate an ability to gather information from disparate sources (i.e., published research, current Transgender programs in California, Transgender

community leaders, etc.) in order to develop program and/or research materials that can be used by the community;

- Demonstrate the ability to begin program activities immediately upon the effective date of the contract;
- Demonstrate the ability to meet program requirements;
- Demonstrate that staff, including any subcontractors and consultants, possess the training, skills, and experience consistent with the program, fiscal, and management needs of the project; and,
- Describe the internal quality controls, internal accounting controls and budget monitoring procedures that will be employed to ensure that deliverables are timely and that fiscal resources are managed responsibly.

III. Instructions for RFA Submission and Answers to Questions about Review, Evaluation and Scoring Process

1. Letter of Intent - Mandatory

Prospective applicants are required to submit a letter not longer than 2 pages to CDHS/OA indicating that they intend to submit an application in response to the RFA. The Letter of Intent must be typed on the agency's letterhead and signed by an official authorized to enter into a contractual agreement on behalf of the agency. The Letter of Intent must include the name of the RFA for which the applicant is applying and brief descriptions of both the applicant agency and of the program the agency is proposing in response to the RFA. The Letter of Intent must also include the applicant's name and the names of any collaborating partners, the name of the contact person at the agency, and the address, telephone, fax number, and e-mail address of the contact person. Agencies may apply for more than one RFA; however, they must submit a separate Letter of Intent for each.

Each separate Letter of Intent must state the specific Program for which they are applying and must be postmarked by February 9, 2007 and mailed via express mail to:

Express Mail Address
California Department of Health Services Office of AIDS MS 7700 1616 Capitol Avenue, Suite 616 Sacramento, CA 95814 RFA 2007-09 Attn: Schenelle Flores

Hand delivery, facsimile, USPS mail, and e-mailed deliveries will not be accepted.

2. Applicant Teleconferences (Optional)

Three applicant teleconferences are scheduled in order to answer applicant questions and guide them through the application process. If, upon reviewing this RFA, a potential applicant has any questions regarding this RFA, discovers any problems, including any ambiguity, conflict, discrepancy, omission, or any other error, the applicant should notify CDHS/OA through one of these applicant teleconferences. The calls are scheduled for:

January 29, 2007 from 11 a.m. to 12:00 p.m. (PST)
 January 30, 2007 from 1:00 p.m. to 2:00 p.m. (PST)
 January 31, 2007 from 9:00 a.m. to 10:00 a.m. (PST)

CALL-IN INFORMATION

Toll free number: 1-866-709-4295
Participant Passcode: 1301447

All questions and responses will be available on the CDHS/OA website at www.dhs.ca.gov/AIDS on February 5, 2007. Specific inquiries determined to be unique to an applicant will be responded to the requestor only.

If a prospective applicant fails to notify CDHS/OA of any problem or question known to an applicant by the date indicated in this section, the applicant shall submit an application at their own risk. Prospective applicants are reminded that applications are to be developed based solely upon the information contained in this document and any written addenda issued by CDHS/OA.

3. Application Submission Requirements

Entities intending to submit an application are expected to thoroughly examine the entire contents of this RFA and become fully aware of all the deliverables outlined in this RFA. Applications are to be developed solely on the material contained in this RFA and any written RFA addendum issued by CDHS/OA.

An original plus three hard copies of the entire application, including attachments, must be submitted to CDHS/OA. Upon award of the contract, a copy of the Scope of Work must be submitted electronically in Microsoft Word 97 or higher.

All forms and attachments that require signatures must be signed in blue ink for inclusion in the original application. The three additional copies may reflect photocopied signatures.

The format must allow at least one-inch margins at the top, bottom, and sides. All pages must be numbered sequentially. The size of the lettering must be at least an 11-point font.

4. Required Content of Application

The following is the order in which sections in the application must be submitted. A complete application package (A-M) must be submitted for each Program that your agency is applying for. A brief description of each section to be included is given below:

A. Application Cover Sheet

Complete the application cover sheet (Attachment 1 in the Appendix section of this RFA). This sheet will serve as the cover page of the application.

B. Table of Contents

Include a Table of Contents immediately after the cover sheet. The Table of Contents must display page numbers for each section listed.

C. Executive Summary (up to 1 page total)

Include an executive summary of up to one page which describes:

1. The applicant organization's mission;
2. The applicant's key personnel and descriptions of how they will be involved in the project;
3. The agency capability;
4. A brief summary of the proposed program; and,
5. How the proposed program will be integrated into the agency's current activities.

D. Statement of Need (up to 1 page total)

Program #1: Satellite Syringe Exchange (SSE)

Provide an explanation of why your agency is requesting the grant. Briefly describe the prevalence of HIV and HCV and any other relevant social, behavioral, demographic or medical statistics that may illustrate the public health needs of IDUs in your service area. Further, based on the needs of the community, describe which, if any, IDU sub-populations (e.g., Latinos, young injectors, methamphetamine injectors, female or rural injectors, etc.) will be targeted and why those populations might benefit from the SSE peer education model. Specify and show evidence of any targeted population that may be disenfranchised from existing local prevention programs. Also, provide brief descriptions of existing SSEs in the proposed program's local area (e.g., perceived popularity of SSEs, motivations of SSEs, location of SSEs, SSE-IDU-SEP relationships, staff experience in interacting with SSEs, etc.).

Program #2: Center of Excellence

This is a new program; therefore, a statement of need is not required.

E. Program Description/Scope of Work

Program #1: Satellite Syringe Exchange (SSE)

Up to five pages for each year; 15 pages total

Provide a Program Description **covering the three year contract period, from July 1, 2007, to June 30, 2010.** This section must include complete descriptions of your plan to carry out the **Program Requirements as described in Section I, 4** of this RFA as well as any proposed enhanced service delivery models. All activities and deliverables described in this RFA must be included in the Program Description.

Program #2: Transgender (TG)

Up to seven pages for each year, 21 pages total

Provide a Program Description **covering the three year contract period, from July 1, 2007, to June 30, 2010.** This section must include complete descriptions of your plan to carry out the **Program Requirements as described in Section II, 4** of this RFA. All activities and deliverables described in this RFA must be included in the Program Description.

F. Agency Capability (up to 3 pages total)

This section must describe your organization's qualifications to undertake the proposed work. **Key considerations are outlined in Sections I, 5 and II, 5 of this RFA.**

Describe how your agency meets the experience and skill requirements listed in each Agency Capability section of this RFA. Provide examples which demonstrate: 1) Agency capability and commitment to perform the requirements described in the Program Description section of this RFA; and, 2) Agency capability and experience in ensuring timely and appropriate implementation of a project. Include a brief history that includes date of establishment of the agency/organization, relevant past accomplishments and current projects.

If subcontractors will be used (consultant or subcontracting agency), identify the added contribution that each would make to the achievement of the objectives of this RFA beyond the resources of the agency. Describe the history and qualifications of the proposed subcontractors identified to undertake the duties required. **Include a Letter of Intent from each proposed subcontractor in the appendix section of the application.**

Collaboration (SSE Program Only)

Describe agency experience with networking and establishing collaborative partnerships with other service providers. Describe how proposed program will collaborate and develop a linked network of services with other organizations.

G. Personnel (up to 3 pages total)

This section must describe how the project will be staffed. Brief job descriptions for all staff involved with the contract should be included. Describe the personnel policies and procedures which exist within your organization to assure that qualified staff are recruited, well trained and supervised. **Include the resumes of key project staff in the appendix section of the application.**

Provide an agency organizational chart that indicates:

1. The lines of authority and reporting relationships;

2. Which staff member will support each of the project's components; and,
3. An explanation of the roles or functions that each staff person performs.

Applicants who plan to use specially qualified experts as consultants, aside from regular project staff, must identify these individuals and describe the need for hiring a consultant, the specific responsibilities of the consultant, and the number of contracted hours and costs associated with hiring a consultant for the project.

If the project includes a subcontractor(s), the applicant must describe exactly what responsibilities the subcontractor will assume and how his/her performance will be monitored by the applicant. All subcontractor(s) should be listed by name and address in the application. Notwithstanding the existence of any subcontractors, the selected applicant will be ultimately responsible for performance of all terms and conditions under the resulting contract.

CDHS/OA reserves the right to approve changes in subcontractor selection and to approve changes in staffing after a contract is awarded.

H. Evaluation (up to 2 page total)

CDPH/OA will coordinate an overall evaluation across all funded sites focusing on required measures. This section must specify the results you expect from your local planned program. Include brief descriptions of proposed evaluation methodologies and suggested evaluation tools that will facilitate your program's ability to determine aspects of the program that are working well and program components that need improvement over time. Include process and outcome measures for each of the planned activities. Describe your data collection methods and how you will use the results of your evaluation.

I. Time Line (no page limit)

Provide a timeline that indicates dates when activities will be accomplished. The timeline should include activities outlined in the Program Activities, Personnel, and Evaluation sections of this RFA.

J. Budget (no page limit)

Provide a detailed Budget for each FY, covering the period from July 1, 2007 to June 30, 2010.

The Detailed Budget (sample format in Appendix section of this RFA, Attachment 2) must list the eight categories in the following order: Salaries, Fringe Benefits, Operating Expenses, Equipment, Travel and Per Diem, Subcontractors, Other Costs, and Indirect Costs.

Please Note: The cost of developing the application for this RFA is entirely the responsibility of the applicant and shall not be chargeable to the State of California or included in any cost elements of the application.

Important for SSE Program: Currently, no CDPH/OA funds may be used to purchase syringes. CDPH/OA funds may, however, be used to support any other aspect of a syringe exchange program.

K. Budget Justification Narrative (no page limit)

Provide a Budget Justification Narrative for each FY, covering the period from July 1, 2007 to June 30, 2010, **in which you explain your proposed plan for CDPH/OA funds.**

The Budget Justification Narrative should explain and justify in a narrative format each detailed budget line item. For example, the salaries line item should list each position that is funded under this budget. If known, include the actual staff name. Include a brief explanation of each position's major responsibilities. For the operating expenses category, provide a general description of expenses included in the budget line item.

See Attachment 3 in the Appendix section of this RFA for a description of what each line item should include.

L. Required Forms/Documentation/Appendices

1. Resumes of Key Staff.
2. Organizational Chart.
3. A copy of the agency's current budget.
4. Agency Information Sheet (Please refer to Attachment 4 in the Appendix section of this RFA).
5. Payee Data Record (Please refer to Attachment 5 in the Appendix section of this RFA).
6. Copy of the most recent independently audited financial report.
7. Letter of Intent from proposed subcontractors, if any.

M. Application Certification Checklist

Complete the Application Certification Checklist (Attachment 6 in the Appendix section of this RFA). This sheet will serve as the guide to make certain that the application package is complete, and to ensure that the required documents are organized in the correct order.

5. Application Submission Instructions

An original plus three hard copies of the entire application, including attachments, must be submitted to CDHS/OA.

Each application must include a separate Application Cover Sheet identifying the Program for which that application is for. Applications must be received by CDHS/OA no later than 5 p.m. February 22, 2007, at the address below.

Express Mail Address
California Department of Health Services Office of AIDS MS 7700 1616 Capitol Avenue, Suite 616 Sacramento, CA 95814 RFA 2007-09 Attn: Schenelle Flores

Only applications that are sent by Express Mail will be accepted.

Hand delivery, facsimile, USPS or e-mail will not be accepted.

6. Application Evaluation Process

Shortly after the application submission deadline, CDHS/OA will evaluate each application to determine the responsiveness to RFA requirements as compared to other applications received. Applications found to be non-responsive at any stage of the evaluation, for any reason, will be rejected from further consideration. **Late applications will not be reviewed.** Late applications will be returned to the applicant.

CDHS/OA may reject any or all applications and may waive any immaterial defect in any application. CDHS/OA's waiver of any immaterial defect shall in no way excuse the applicant from full compliance with the contract terms if the applicant is awarded the contract.

A. Grounds for Rejection

Circumstances that will cause an application package to be deemed non-responsive include:

1. The application is received after the deadline set forth in this RFA;
2. Applicant failed to submit a Letter of Intent by the deadline required by this RFA;

3. Failure of the applicant to complete and sign all required forms and attachments as instructed in this RFA or as instructed in the attachments;
4. Failure to meet format or procedural submission requirements;
5. Applicant provides inaccurate, false, or misleading information or statements;
6. Applicant is unwilling or unable to fully comply with proposed contract terms;
7. Applicant supplies cost information that is conditional, incomplete, or contains any unsigned material, alterations, or irregularities; or,
8. Applicant does not meet the minimum qualifications set forth in this RFA.

CDHS/OA may, at its sole discretion, correct any obvious mathematical or clerical errors.

CDHS/OA reserves the right to reject any or all applications without remedy to the applicants. There is no guarantee that a contract will be awarded after the evaluation of all applications if, in the opinion of CDHS/OA, none of the applications meet CDHS/OA's needs.

B. Application Review Process

Applications that meet the format requirements and minimum qualifications and that contain all of the required forms and documentation will be submitted to an evaluation committee assembled by CDHS/OA who will assign numeric scores to each responsive application. Each application will be reviewed and scored in each category listed below in comparison to all applications received based upon the adequacy and thoroughness of its response to CDHS/OA's needs and the RFA requirements.

Seven (7) evaluation criteria are shown below along with the maximum number of points possible. Application scores may range from 0-100 points.

Only applications receiving a score of 70 points or more will be considered for funding. Applications receiving a score of less than 70 points will be considered technically deficient and will not be considered for funding. There is no guarantee that scoring above 70 will result in funding or funding at the level indicated.

Category	Maximum points for SSE	Maximum points for TG
Statement of Need	10	N/A
Program Description & Scope of Work	35	45
Agency Capability	15	20
Collaboration (SSE Only)	10	N/A
Personnel	10	15
Evaluation	15	15
Budget and Budget Justification	5	5
Total	100	100

C. Application Evaluation Criteria

Examples of general evaluation criteria are included below. These general questions are to provide an overall idea of a more specific evaluation tool that will be used to provide a numeric score to each accepted application. Additionally, each application will be scored based on how it compares to all accepted applications. Criteria will include the following:

Statement of Need (SSE Only)

- To what extent does the application and any proposed subcontractor(s) describe and justify the need for this program?

Program Description/Scope of Work

- To what extent are all of the key deliverables identified? To what extent are the key deliverables clear, realistic, and achievable?
- To what extent are the timelines clear, realistic, and achievable for the proposed work?
- To what extent are the proposed goals clear and appropriate for the required activities identified in this RFA?

Agency Capability

- To what extent does the application and any proposed subcontractor(s) provide examples of prior work that demonstrate the ability of the applicant's organization to undertake the proposed work and meet applicant qualifications?
- To what extent does the applicant and any proposed subcontractor(s) demonstrate capability and experience in working with IDUs or Transgender populations from a harm reduction perspective?

Collaboration (SSE RFA Only)

- To what extent has the applicant and any proposed subcontractor(s) identified collaborations with CBOs, public health programs (e.g., drug

treatment, HIV C&T, STD and TB), academic institutions, community clinics and other ancillary service providers?

- Does the program plan appropriately address collaborations for the plan's target audience?

Personnel

- To what extent does the applicant and any proposed subcontractor(s) adequately demonstrate that personnel policies and practices assure that well qualified staff are hired and retained for positions and, based on the resumes provided, to what extent are the qualifications of proposed staff appropriate for this project?
- To what extent does the applicant and any proposed subcontractor adequately describe how the project will be organized and staffed? Are subcontractor responsibilities outlined and does the applicant describe how the subcontractors' performance will be monitored?

Evaluation

- To what extent are the evaluation timelines clear, realistic, and achievable for the proposed work?
- To what extent is the evaluation instrumentation clear, realistic and appropriate for the populations and activities targeted?
- Has consumer feedback and input into the program been accounted for in the evaluation plan?

For SSE Project Only:

- ***To what extent has the applicant and any proposed subcontractor(s) described an evaluation plan that will be able to adequately monitor the impact that the project has on HIV and hepatitis risk behavior in the LHJ?***

Budget and Budget Justification

- To what extent is the Budget reasonable for the proposed quantity and quality of activities in the scope of work?
- Does the Budget Justification provide the level of detail requested in this RFA?

7. Pre-Decisional Site Visit

In the event that multiple applicant scores are in close proximity, CDHS/OA may conduct Pre-Decisional Site Visits to those applicants. The visits will be conducted by a subcommittee of the review panel and will address issues of agency capacity, competence and readiness to fulfill the activities outlined in an applicant's submission.

8. Notification of Intent to Award

Notification of the State's intent to award a contract for each statewide HIV/AIDS/STD education and prevention program will be posted online at the CDHS/OA website on

March 9, 2007 at www.dhs.ca.gov/AIDS that identifies the contractor awarded for each program. Additionally, a letter will be mailed to all applicants notifying them as to the status of their application.

9. Disposition and Ownership of the Application

All materials submitted in response to this RFA will become the property of CDHS/OA and, as such, are subject to the Public Records Act (Government Code Section 6250, et seq.). CDHS/OA shall have the right to use all ideas or adaptations of the ideas contained in any application received. The selection or rejection of an application will not affect this right. Within the constraints of applicable law, CDHS/OA shall use its best efforts not to publicly release any information contained in the applications which may be privileged under Evidence Code 1040 (privileged official record) and 1060 (privileged trade secret) and which is clearly marked "Confidential" or information that is protected under the Information Practices Act.

10. Contract Award Appeal Procedures

An applicant who has submitted an application and was not funded may file an appeal with CDHS/OA. Appeals must state the reason, law, rule, regulation, or practice that the applicant believes has been improperly applied in regard to the evaluation or selection process. There is no appeal process for applications that are submitted late or are incomplete.

Appeals shall be limited to the following grounds:

- A. CDHS/OA failed to correctly apply the standards for reviewing the format requirements or evaluating the applications as specified in the RFA.
- B. CDHS/OA failed to follow the methods for evaluating and scoring the applications as specified in the RFA.

Appeals must be sent by express mail and received by CDHS/OA **by March 24, 2007**, at the following address. Hand delivery, facsimile, USPS or e-mail will not be accepted.

Express Mail Address
Kevin Farrell, LCSW, Chief HIV Education and Prevention Services Branch Office of AIDS California Department of Health Services MS 7700 1616 Capitol Avenue, Suite 616 Sacramento, CA 95814 RFA 2007-09 Appeal

At his sole discretion, the Chief of the HIV Education and Prevention Services Branch, or his designee, may hold an appeal hearing with each appellant and then come to a

decision based on the combination of the written appeal letter and the evidence presented at the hearing. The decision of the Chief of the HIV Education and Prevention Services Branch, or his designee, shall be the final remedy. Appellants will be notified in writing within 15 days of their hearing date or the consideration of the written appeal letter if no hearing is held.

CDHS/OA reserves the right to award the contract when it believes that all appeals have been resolved, withdrawn, or responded to the satisfaction of CDHS/OA.

11. Miscellaneous RFA Information

The issuance of this RFA does not constitute a commitment by CDHS/OA to award a contract. CDHS/OA reserves the right to reject any or all applications or to cancel this RFA if it is in the best interest of CDHS/OA to do so.

The award of a contract by CDPH/OA to an entity that proposes to use subcontractors for the performance of work under the resulting contract shall not be interpreted to limit CDPH/OA's right to approve the selection of subcontractors.

In the event a contract is entered into, but later terminated, CDPH/OA may enter into a contract with the available entity or organization having the next highest score in the evaluation process and so on for completing the remaining contract work.

In the case of any inconsistency or conflict between the provisions of the resulting contract, this RFA, addenda to this RFA, and an applicant's response, such inconsistencies or conflicts will be resolved by first giving precedence to the contract, then to this RFA, any addenda, and last to the applicant's response.

As provided under the Public Contract Code governing contracts awarded by competitive bid, CDPH/OA reserves the right, after contract award, to amend the resulting contract as needed throughout the term of the contract to best meet the needs of all parties.

The cost of developing applications is entirely the responsibility of the applicant and shall not be chargeable to the State of California or included in any cost elements of the application.

12. Contract Terms and Conditions

The successful applicant must enter into a contract that may incorporate, by reference, this RFA as well as the applicant's response to this RFA, program description, detailed budget, and standard State contract provisions. Please refer to Attachment 7 for a Sample Contract. It is suggested that applicants carefully review this Sample Contract for any impact on your application and/or to determine if the agency will be able to comply with the stated terms and conditions, as little or no deviation from their contents will be allowed.

All successful applicants must adhere to the Centers for Disease Control and Prevention requirements regarding the establishment of an educational materials review and approval process if they plan to develop new educational materials for this project. Each applicant will be required to identify a Program Review Panel to review and approve all HIV/AIDS/STD educational printed or electronic materials, pictorials, and audiovisuals. Standing Program Review Panels are available for applicants' use, or programs may appoint their own panels. Program Review Panels should include at least five individuals that represent a reasonable cross-section of the general population. Panels that review materials intended for a specific audience should draw upon expertise of individuals that can represent the community served, and an awareness of the cultural sensitivities and the language of the intended audience in order to consider the appropriateness of the messages. The applicant must keep on file for CDPH/OA's review, documentation regarding each piece of educational material reviewed and approved by the Program Review Panel. In addition to printed materials, applicants are required to inform Internet users of the content and nature of information that is contained on a website funded under this RFA.

Individual meetings with CDHS/OA and each selected contractor shall take place within 60 days after release of the Notice of Intent to Award. The purpose of the meetings will be to assure a common understanding of contract purposes, terms, budgets, timelines, and related issues.

Refer to Attachment 7, Sample Contract, for additional contractual information.

V. ACRONYM DEFINITIONS

AIDS:	Acquired Immunodeficiency Disease Syndrome
C&T:	Counseling and Testing
CBO:	Community Based Organization
CDHS:	California Department of Health Services
CDPH:	California Department of Public Health
COE:	Center of Excellence
FY:	Fiscal Year
HCV:	Hepatitis C Virus
HIV:	Human Immunodeficiency Virus
IDU:	Injection Drug User
LHJ:	Local Health Jurisdiction
OA:	Office of AIDS
RFA:	Request for Application
SEP:	Syringe Exchange Project
SSE:	Satellite Syringe Exchange
TA:	Technical Assistance

VI. APPENDIX

Attachment 1:	Application Cover Sheet
Attachment 2:	Sample Detailed Budget
Attachment 3:	Budget Narrative Descriptions
Attachment 4:	Agency Information Sheet
Attachment 5:	Payee Data Record
Attachment 6:	Application Certification Checklist
Attachment 7:	Sample Contract
Attachment 8:	2004-07 Satellite Syringe Exchange RFA